

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		07-25-01
O.I.P.E. CLASSIFIER	<i>ASD</i>		8/1/01
FORMALITY REVIEW	H.T.	1117	9/05/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
2	✓	✓	✓
21	✓	✓	✓
41	✓	✓	✓
3	✓	✓	✓
1	✓	✓	✓
23	✓	✓	✓
22	✓	✓	✓
20	✓	✓	✓
11	✓	✓	✓
24	✓	✓	✓
5	✓	✓	✓
25	✓	✓	✓
6	✓	✓	✓
26	✓	✓	✓
7	✓	✓	✓
27	✓	✓	✓
8	✓	✓	✓
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15	✓	✓	✓
16	✓	✓	✓
14	✓	✓	✓
19	✓	✓	✓
17	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
18	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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